

Exhibit B

COMMERCIAL GARAGE DECLARATIONS

COMMERCIAL GARAGE POLICY
POLICY NUMBER 49-80440-01

ITEM ONE - NAMED INSURED

FIRST NAMED INSURED: C THOMPSON AUTOMOTIVE INC

ITEM TWO - SCHEDULE OF COVERAGES AND AUTO

THIS POLICY PROVIDES ONLY THOSE COVERAGES SHOWN BELOW. EACH OF THE COVERAGES WILL APPLY ONLY TO THOSE "AUTOS" SHOWN AS COVERED "AUTOS". "AUTOS" ARE SHOWN AS COVERED "AUTOS" FOR A PARTICULAR COVERAGE BY THE ENTRY OF ONE OR MORE OF THE SYMBOLS FROM THE COVERED AUTOS SECTION OF THE GARAGE COVERAGE FORM NEXT TO THE NAME OF THE COVERAGE. ENTRY OF A SYMBOL NEXT TO LIABILITY PROVIDES COVERAGE FOR "GARAGE OPERATIONS".

COVERAGE	COVERED AUTO SYMBOLS	LIMIT
LIABILITY	21	EACH "ACCIDENT" "GARAGE OPERATIONS" "AUTO" ONLY \$500,000 OTHER THAN "AUTO" \$500,000 AGGREGATE "GARAGE OPERATIONS" OTHER THAN "AUTO" \$1,500,000
AUTO MEDICAL PAYMENTS	22	\$1,000
MEDICAL PAYMENTS	PREMISES	\$1,000
UNINSURED MOTORISTS	26	\$75,000
UNDERINSURED MOTORISTS	26	\$75,000
PHYSICAL DAMAGE COVERAGE - COMPREHENSIVE	28,30,31	SEE ITEM SEVEN OR ITEM NINE OF THE DECLARATIONS FOR APPLICABLE LIMITS OF INSURANCE AND DEDUCTIBLES.
PHYSICAL DAMAGE COVERAGE - COLLISION	28,30,31	SEE ITEM SEVEN OR ITEM NINE OF THE DECLARATIONS FOR APPLICABLE LIMITS OF INSURANCE AND DEDUCTIBLES.

FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY:

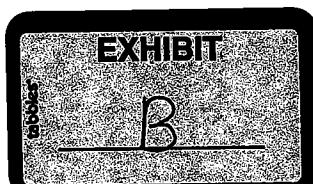
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CA 21 88 08 01	CA 23 84 01 06	CA 25 01 12 93
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CA 88 03 05 00	CA 88 08 05 00	CA 88 50 10 01
CA 88 56 10 01	CA 88 57 08 03	CA 88 76 03 04
CA 88 80 05 04	CA 88 85 07 05	CA 99 03 07 97
CA 99 44 12 93	GA 000100 05 00	GA 000900 06 02
IL 00 21 07 02		

ITEM THREE - LOCATIONS WHERE YOU CONDUCT GARAGE OPERATIONS

LOCATION #	LOCATION ADDRESS		
001	1706 MONTAGUE AVE	GREENWOOD	SC 29649

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ITEM FOUR - LIABILITY COVERAGE

PREMIUM RATING BASIS

OPERATOR CLASSIFICATIONS

- CLASS I-A PROPRIETORS, PARTNERS, AND OFFICERS ACTIVE IN THE BUSINESS, SALES PERSONS, GENERAL MANAGERS OR SERVICE MANAGERS AND OTHER EMPLOYEES IF PROVIDED A FURNISHED "AUTO".
- CLASS I-B PROPRIETORS, PARTNERS, AND OFFICERS ACTIVE IN THE BUSINESS, SALES PERSONS, GENERAL MANAGERS OR SERVICE MANAGERS AND OTHER EMPLOYEES IF NOT PROVIDED A FURNISHED "AUTO".
- CLASS I-C ALL OTHER COMPANY EMPLOYEES NOT PROVIDED A FURNISHED "AUTO".
- CLASS II-A NON-EMPLOYEES UNDER AGE 25 PROVIDED A FURNISHED "AUTO".
- CLASS II-B NON-EMPLOYEES AGE 25 AND OVER PROVIDED A FURNISHED "AUTO".
- CLASS II CONTRACT DRIVERS OR A PERSON:
A) UNDER CONTRACT WITH THE NAMED INSURED TO DRIVE COVERED AUTOS TO A LOCATION SPECIFIED BY THE NAMED INSURED
B) EMPLOYED BY AN ORGANIZATION THE NAMED INSURED HIRES TO PROVIDE DRIVERS TO DRIVE COVERED AUTOS TO A SPECIFIED LOCATION.

LOC.#	CLASS	FACTOR	#PERSONS	UNITS
001	I-A	1.00	8.00	8.00
	I-B	0.70	11.00	7.70
	I-C	0.40	25.00	10.00

ITEM FIVE - OPTIONAL COVERAGE

BROADENED COVERAGE - GARAGES

LIMITS OF INSURANCE

PERSONAL AND ADVERTISING INJURY LIMIT OF INSURANCE \$500,000
FIRE LEGAL LIABILITY LIMIT OF INSURANCE \$50,000 FOR ANY ONE FIRE

OPERATIONS DEFENSE COSTS - ADDITIONAL INSURANCE

LIMITS OF INSURANCE

\$25,000 PER "OPERATIONS SUIT" DEDUCTIBLE \$1,000
NO AGGREGATE LIMIT OF INSURANCE "OPERATIONS SUITS"

EMPLOYMENT PRACTICES

LIMITS OF LIABILITY

\$500,000 EACH "ACT"
\$1,500,000 ANNUAL AGGREGATE

10.0% DEDUCTIBLE

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ITEM SEVEN - PHYSICAL DAMAGE COVERAGE

PHYSICAL DAMAGE -INTERESTS

WITH RESPECT TO DEALER'S "AUTOS", THE FOLLOWING PHYSICAL DAMAGE COVERAGES APPLY TO YOUR INTEREST IN COVERED "AUTOS" YOU OWN AND YOUR INTEREST AND YOUR CREDITORS INTEREST, IF NAMED AS A LOSS PAYEE, IN COVERED "AUTOS" FINANCED BY YOUR CREDITORS:

TYPE OF AUTOS	COVERAGES		
	COLLISION	COMPREHENSIVE	FALSE PRETENSE
NEW "AUTOS" OWNED	X	X	X
BUICK NEW FINANCED "AUTOS"	X		
GMC NEW FINANCED "AUTOS"	X		
NISSAN NEW FINANCED "AUTOS"	X		
PONTIAC NEW FINANCED "AUTOS"	X		
USED "AUTOS" OWNED	X	X	X
SERVICE AND DEMO "AUTOS"	X	X	X

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PHYSICAL DAMAGE LIMITS AND COVERAGES

LOCATION NUMBER	COVERAGE	LIMIT OF INSURANCE FOR EACH LOCATION
001	COMPREHENSIVE	\$960,000 MINUS \$500 DEDUCTIBLE FOR EACH COVERED "AUTO" SUBJECT TO \$2,500 AGGREGATE DEDUCTIBLE* FROM ANY ONE OCCURRENCE*
	COLLISION	\$7,310,000 MINUS \$500 DEDUCTIBLE FOR EACH COVERED "AUTO"

*THE PHYSICAL DAMAGE DEDUCTIBLES FOR OTHER THAN COLLISION COVERAGE APPLY TO: "LOSS" CAUSED BY ALL COVERED CAUSES OF "LOSS".

WIND AND HAIL DEDUCTIBLE

FOR ALL "LOSS" CAUSED BY WIND AND HAIL, THE FOLLOWING DEDUCTIBLES REPLACE THE DEDUCTIBLES INDICATED ABOVE:

\$250 FOR EACH COVERED "AUTO". THE AGGREGATE DEDUCTIBLE DOES NOT APPLY.

OTHER LOCATIONS

FOR "LOSS" AT LOCATIONS OTHER THAN THOSE LISTED IN ITEM THREE OF THE DECLARATIONS, A LIMIT OF \$2,420,000 APPLIES TO COVERED "AUTOS" IN TRANSIT AND ANY ADDITIONAL LOCATION WHERE YOU STORE COVERED "AUTOS".

FALSE PRETENSE

PER PERSON LIMIT: \$50,000 DEDUCTIBLE: \$500 FOR EACH COVERED "AUTO"

AUTO DEALERS PHYSICAL DAMAGE REPORTING BASIS

QUARTERLY: YOU MUST GIVE US YOUR REPORTS BY THE FIFTEENTH OF THE FOURTH MONTH AFTER THE POLICY BEGINS. YOUR SUBSEQUENT REPORTS MUST BE GIVEN TO US BY THE FIFTEENTH OF EVERY THIRD MONTH. YOUR REPORTS MUST CONTAIN THE VALUE OF THE LAST BUSINESS DAY OF EVERY THIRD MONTH WITHIN THE POLICY PERIOD.

DEALER SPECIAL REPAIR PERCENTAGES

REPAIR PERCENTAGES	YOUR "AUTOS"	PARTS	75%	LABOR	75%
	"CUSTOMER'S AUTOS"	PARTS	75%	LABOR	75%

CUSTOMERS' PERSONAL PROPERTY

THE MOST WE WILL PAY IN ANY ONE "LOSS" TO "CUSTOMER'S PERSONAL PROPERTY" IS \$7,000.

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HIRED AUTO PHYSICAL DAMAGE COVERAGE

PHYSICAL DAMAGE COVERAGE IS PROVIDED FOR LEASED, HIRED, RENTED OR BORROWED (DOES NOT INCLUDE "AUTO" LEASED, RENTED OR BORROWED FROM AN "EMPLOYEE", PARTNER, MEMBER IF YOU ARE A LIMITED LIABILITY COMPANY OR MEMBERS OF THEIR HOUSEHOLDS) VEHICLES AS INDICATED IN THE SCHEDULE.

SCHEDULE

COVERAGES	LIMITS OF INSURANCE THE MOST WE WILL PAY	DEDUCTIBLE
COMPREHENSIVE	ACV, OR COST OF REPAIRS WHICHEVER IS LESS MINUS DEDUCTIBLE	\$250
COLLISION	ACV, OR COST OF REPAIRS WHICHEVER IS LESS MINUS DEDUCTIBLE	\$250

ITEM EIGHT - MEDICAL PAYMENTS COVERAGE

REFER TO ITEM NINE FOR COVERED "AUTOS" INSURED ON A SPECIFIED CAR BASIS. MEDICAL PAYMENTS COVERAGES APPLY IF THE APPROPRIATE ENDORSEMENT(S) IS/ARE ATTACHED TO THIS POLICY:

CA 25 05 GARAGE LOCATIONS AND OPERATIONS MEDICAL PAYMENTS COVERAGE

CA 99 03 AUTO MEDICAL PAYMENTS COVERAGE

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ITEM NINE - SCHEDULE OF COVERED AUTOS WHICH ARE INSURED ON A SPECIFIED CAR BASIS

PER "AUTO" COVERAGES, LIMITS AND DEDUCTIBLES ARE LISTED BELOW. ABSENCE
OF AN INDIVIDUAL "AUTO" ENTRY MEANS THAT THE COVERAGE DOES NOT APPLY.

*** NO SCHEDULED VEHICLES EXIST FOR THIS POLICY. ***

	L	R	R	-LIAB	LIMITS-	---PIP---	-PHYSL-	A	P	D											
	T	COV	SUB	M	A	S	DED	R	DAMAG	LST	G	T	O	A	S	E					
	D	CODE	LNE	CLS	T	T	K	BI/MP	PD	LIM	COD	B	OTC	COL	PRC	E	C	L	T	S	E
HCCM	1	156A	618	6619			1				069									9	000
HCCL	1	156A	618	6619			1				099									9	000
FEC	1	106A	611	7040			1	16												9	000
CAT	1	152Z	618	730100			1				203					X	T			9	000

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